

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

JASON CONRAD PEREZ,

Plaintiff,

v.

MARTIN O'MALLEY, Commissioner of
Social Security,

Defendant.

Case No. 2:23-cv-00396-JDP (SS)

ORDER

DENYING PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT AND GRANTING
THE COMMISSIONER'S MOTION FOR
SUMMARY JUDGMENT

ECF Nos. 15 & 19

Plaintiff, who suffers from diabetes, hypertension, obesity, degenerative disc disease, and "status post" femur and wrist fractures, challenges the final decision of the Commissioner of Social Security ("Commissioner") denying his application for supplemental security income ("SSI") under Title XVI of the Social Security Act. Both parties have moved for summary judgment. ECF Nos. 15 & 19. For the reasons discussed below, plaintiff's motion is denied, and the Commissioner's cross-motion is granted.

Standard of Review

Under 42 U.S.C. § 405(g), the court reviews the Commissioner's decision to deny benefits to determine whether: (1) the Commissioner's findings are supported by substantial evidence; and (2) the Commissioner applied correct legal standards. *See Carmickle v. Comm'r, Soc. Sec. Admin.*, 533 F.3d 1155, 1159 (9th Cir. 2008); *Brewes v. Comm'r of Soc. Sec. Admin.*, 682 F.3d

1 1157, 1161 (9th Cir. 2012). “‘Substantial evidence’ means more than a mere scintilla, but less
2 than a preponderance; it is such relevant evidence as a reasonable person might accept as adequate
3 to support a conclusion.” *Lingenfelter v. Astrue*, 504 F.3d 1028, 1035 (9th Cir. 2007). To
4 determine whether substantial evidence supports a finding, the court “must review the
5 administrative record as a whole, weighing both the evidence that supports and the evidence that
6 detracts from the Commissioner’s conclusion.” *Reddick v. Chater*, 157 F.3d 715, 710 (9th Cir.
7 1998).

8 “The ALJ is responsible for determining credibility, resolving conflicts in medical
9 testimony, and resolving ambiguities.” *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001)
10 (citations omitted). “Where the evidence is susceptible to more than one rational interpretation,
11 one of which supports the ALJ’s decision, the ALJ’s conclusion must be upheld.” *Thomas v.*
12 *Barnhart*, 278 F.3d 947, 954 (9th Cir. 2002). The court, however, will not affirm on grounds upon
13 which the ALJ did not rely. *Connett v. Barnhart*, 340 F.3d 871, 874 (9th Cir. 2003) (“We are
14 constrained to review the reasons the ALJ asserts.”).

15 A five-step sequential evaluation process is used in assessing eligibility for Social Security
16 disability benefits. Under this process the ALJ is required to determine: (1) whether the claimant
17 is engaged in substantial gainful activity; (2) whether the claimant has a medical impairment (or
18 combination of impairments) that qualifies as severe; (3) whether any of the claimant’s
19 impairments meet or medically equal the severity of one of the impairments in 20 C.F.R., Pt. 404,
20 Subpt. P, App. 1; (4) whether the claimant can perform past relevant work; and (5) whether the
21 claimant can perform other specified types of work. *See Barnes v. Berryhill*, 895 F.3d 702, 704
22 n.3 (9th Cir. 2018). The claimant bears the burden of proof for the first four steps of the inquiry,
23 while the Commissioner bears the burden at the final step. *Bustamante v. Massanari*, 262 F.3d
24 949, 953-54 (9th Cir. 2001).

Background

In February 2020, plaintiff filed an application for SSI, alleging disability beginning January 8, 2016. Administrative Record (“AR”) 382-02, 475.¹ After his applications were denied initially and upon reconsideration, a telephonic hearing was held before an Administrative Law Judge (“ALJ”). AR 45-68, 116-27, 129-56. On June 8, 2022, the ALJ issued a decision finding that plaintiff was not disabled. AR 17-44. Specifically, the ALJ found:

1. The claimant has not engaged in substantial gainful activity since February 29, 2020, the application date.
2. The claimant has the following severe impairments: diabetes mellitus, hypertension, obesity, degenerative disc disease of the lumbar spine, hernia, and status post femur fracture and left wrist fracture.

* * *
3. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1.

* * *
4. After careful consideration of the entire record, the undersigned finds that the claimant has the residual functional capacity to perform light work as defined in 20 CFR 416.967(b) except frequent use of foot controls on the right; no climbing ladders, ropes, and scaffolds; occasional climb ramps and stairs, balance, stoop, crouch, and crawl; frequently finger with the left upper extremity nondominant hand; avoiding concentrated exposure to extreme cold, fumes, odors, dusts, gases, and poor ventilation; and no heights or dangerous machinery.

* * *
5. The claimant has no past relevant work.
6. The claimant was born [in] 1969 and was 48 years old, which is defined as a younger individual age 18-49, on the date the application was filed. The claimant subsequently changed age category to closely approaching advanced age.

¹ The record reflects that plaintiff previously filed applications for benefits in 2009 and 2012 that were denied. *See* AR 117.

7. The claimant has a limited education.
8. Transferability of job skills is not an issue because the claimant does not have past relevant work.
9. Considering the claimant's age, education, work experience, and residual functional capacity, there are jobs that exist in significant numbers in the national economy that the claimant can perform.

* * *

10. The claimant has not been under a disability, as defined in the Social Security Act, since February 29, 2020, the date the application was filed.

AR 23-36 (citations to the code of regulations omitted).

Plaintiff requested review by the Appeals Council, but the request was denied. AR 1-5. He now seeks judicial review under 42 U.S.C. §§ 405(g), 1383(c)(3).

Analysis

Plaintiff argues that the ALJ's RFC determination is unsupported by substantial evidence because the ALJ failed to properly evaluate the opinions of consultative examiners, Dr. Muhammad Jawad, M.D., and Dr. M. Jakubowski, Psy.D. ECF No. 15 at 3.

A. Legal Standard for Evaluating Medical Opinion Evidence

In 2017, revised Social Security Administration regulations took effect concerning the evaluation of medical opinions. Under these regulations, the ALJ "will not defer or give any specific evidentiary weight, including controlling weight, to any medical opinion(s) or prior administrative medical finding(s), including those from [the claimant's] medical sources." *See* 20 C.F.R. § 416.920c(a). The ALJ determines which medical opinions are most "persuasive" by focusing on a variety of factors: (1) supportability; (2) consistency; (3) relationship with the claimant—including length of treatment, frequency of examinations, purpose and extent of treatment, and whether the medical source examined the claimant as opposed to reviewing only the documentary medical evidence; (4) the medical source's area of specialty; and (5) "other" factors, such as the impact of any new evidence received after a medical source has provided a

1 medical opinion. 20 C.F.R. § 416.920c(c)(1)-(5).

2 The factors of “supportability” and “consistency” are the “most important” when
 3 determining the persuasiveness of medical opinions, and the ALJ must explain how both were
 4 considered. 20 C.F.R. § 416.920c(b)(2). Under the “supportability” factor, “[t]he more relevant
 5 the objective medical evidence and supporting explanations presented by a medical source are to
 6 support his or her medical opinion(s) . . . , the more persuasive the medical opinions . . . will be.”
 7 20 C.F.R. § 416.920c(c)(1). Under the “consistency” factor, “[t]he more consistent a medical
 8 opinion(s) . . . is with the evidence from other medical sources and nonmedical sources in the
 9 claim, the more persuasive the medical opinion(s) . . . will be.” 20 C.F.R. § 416.920c(c)(2). The
 10 ALJ is only required to address the remaining factors when “two or more medical opinions . . .
 11 about the same issue are equally well-supported . . . and consistent with the record . . . but are not
 12 exactly the same.” 20 C.F.R. § 416.920c(b)(2)-(3).

13 **B. Dr. Jawad’s Opinion**

14 On May 23, 2021, plaintiff appeared for a consultative internal medicine evaluation with
 15 Dr. Jawad. AR 4059-66. Plaintiff used a cane for assistance and had an antalgic gait; he
 16 exhibited difficulties when walking, sitting, getting on the examination table, and taking off his
 17 shoes and socks. AR 4061, 4064. With respect to plaintiff’s past medical history, Dr. Jawad
 18 noted surgeries for fractures of his right ankle, right femur, and left wrist. AR 4060. Plaintiff
 19 had normal range of motion in his upper and lower extremities except for his left wrist, which
 20 showed effusion and swelling, and his right ankle, which showed swelling. AR 4062-63.
 21 Plaintiff’s cervical spine had no abnormalities. Range of motion in the lumbar spine was limited,
 22 and Dr. Jawad observed evidence of muscle spasms or increased muscle tone, and significant loss
 23 of lordosis. AR 4063-64. Plaintiff’s straight leg raise test was positive, and his maximum grip
 24 strength was thirty pounds in his right hand, and fifteen pounds in his left hand. AR 4064.

25 For exertional limitations, Dr. Jawad opined that plaintiff was able to lift and carry fifteen
 26 pounds frequently and thirty pounds infrequently; stand and walk one to two hours during an
 27 eight-hour workday; remain seated four to five hours during an eight-hour workday; and ambulate
 28 as needed for banking, shopping, and carrying out basic self-care needs. Dr. Jawad further opined

1 that plaintiff was not able to push or pull because of radiculopathy,² pain in the lower back and
 2 right lower extremity, and post-traumatic arthritis. Dr. Jawad also included a cane as an assistive
 3 device. AR 4065. Next, Dr. Jawad opined that plaintiff's radiculopathy and "RLE pain and
 4 deficits" warranted the following postural limitations: he should not stoop, crouch, kneel, or
 5 crawl; and he should not climb ramps, stairs, ropes, ladders, or scaffolds. AR 4065. Dr. Jawad
 6 also assigned environmental limitations: no extreme cold based on "RLE and back pain with
 7 radiculopathy"; no wetness or heights based on fall risks; and no machinery based on narcotics
 8 use. AR 4066.

9 The ALJ accepted Dr. Jawad's opinion as only "partially" persuasive. AR 33. Consistent
 10 with Dr. Jawad's opinion, the ALJ limited plaintiff's RFC to light work.³ *Id.* The ALJ, however,
 11 added further restrictions to account for plaintiff's "surgical conditions" and the findings of
 12 reduced range of motion in the left wrist and right ankle: plaintiff was limited to frequent
 13 fingering with his left hand and to frequent use of foot controls with his right foot.⁴ *See id.* Also
 14 consistent with Dr. Jawad's opinion, the ALJ adopted postural limitations to prohibit climbing
 15 ladders, ropes, and scaffolds, along with environmental limitations to extreme cold, heights, and
 16 dangerous machinery. The ALJ rejected the remainder of Dr. Jawad's limitations as not fully
 17 supported by the clinical findings and inconsistent with other medical evidence.⁵

18 To the extent that Dr. Jawad based some limitations on radiculopathy, the ALJ discounted
 19 the restrictions as inadequately supported by the underlying clinical data. Citing the normal
 20 examination findings concerning strength, sensation, and range of motion in the lower extremities,

21 ² Radiculopathy is caused by "a compressed nerve in the spine that can cause pain,
 22 numbness, tingling, or weakness along the . . . nerve." *Michele Ann H. v. Saul*, 2020 WL
 5881960, at *4 (C.D. Cal. Sept. 30, 2020) (citation omitted).

23 ³ Dr. Jawad's opinion that plaintiff could lift a maximum of thirty pounds is
 24 not compatible with medium work, which involves lifting up to fifty pounds, but is consistent
 with light work, which involves lifting up to twenty pounds. *See* 20 C.F.R. § 416.967(b)-(c).

25 ⁴ Social Security Rule 83-10 defines "frequent" as "occurring from one-third to two-thirds
 26 of the time." *Titles II And XVI: Determining Capability to Do Other Work—The Medical-
 Vocational Rules of Appendix 2*, SSR 83-10.

27 ⁵ A comparison of Dr. Jawad's assessment and the RFC reflects that the ALJ did not
 28 accept Dr. Jawad's opinion with respect to: time limits for sitting and standing; the requirement
 of a cane for walking; "wetness" as an environment limitation; and the limitations prohibiting
 climbing ramps, climbing stairs, stooping, crouching, kneeling, and crawling.

1 except for the right ankle, the ALJ concluded that Dr. Jawad failed to identify any abnormalities,
 2 such as muscle atrophy, or other evidence to substantiate radiculopathy. *See* AR 33. It is the
 3 ALJ's responsibility to evaluate ambiguities and resolve conflicts in the evidence. *See Smartt v.*
 4 *Kijakazi*, 53 F.4th 489, 496 (9th Cir. 2022) (“[T]he ALJ is the final arbiter with respect to
 5 resolving ambiguities in the medical evidence.”) (quotations and citation omitted). In accordance
 6 with this directive, the ALJ permissibly concluded that the clinical data did not fully support Dr.
 7 Jawad's functional limitations based on radiculopathy.

8 The ALJ also found that Dr. Jawad's limitation requiring a cane for walking was not
 9 consistent with the evidence in the record. Although the ALJ acknowledged that various
 10 treatment records reflected that plaintiff ambulated with a cane or walker, the ALJ noted that other
 11 evidence demonstrated that he did not regularly use a cane or other ambulatory aid. *See* AR 27-28,
 12 4203-07, 4309-11. The ALJ cited a treatment note from May 18, 2021—just five days before Dr.
 13 Jawad's examination—that reflected normal findings concerning ambulation, strength,
 14 coordination, and extremity movement. *See* AR 33, 4221. The ALJ also pointed out that
 15 when plaintiff appeared for his psychiatric examination on May 25, 2021, he was able to walk
 16 without assistance. *See* AR 33, 4069. While plaintiff is correct that the medical evidence
 17 includes numerous references to the use of a cane, that is not enough to demonstrate that the ALJ
 18 erred in rejecting Dr. Jawad's opinion. *See* ECF No. 15 at 15-16. “Where evidence is susceptible
 19 to more than one rational interpretation, the ALJ's decision should be upheld.” *Ryan v. Comm'r of*
 20 *Soc. Sec.*, 528 F.3d 1194, 1198 (9th Cir. 2008) (internal quotations and citation omitted); *see also*
 21 *Jamerson v. Chater*, 112 F.3d 1064, 1066 (9th Cir. 1997) (“If the evidence can reasonably support
 22 either affirming or reversing the Commissioner's decision, [the court] may not substitute its
 23 judgment for that of the Commissioner.”). In finding that plaintiff did not always use a walking
 24 cane and had no prescription for an ambulatory aid, the ALJ identified sufficient grounds for
 25 rejecting Dr. Jawad's assistive device limitation as inconsistent with other evidence.⁶

26 ⁶ Contrary to plaintiff's argument, Dr. Jawad's assessment—which simply lists a cane as
 27 an assistive device without any further explanation—is not sufficient to establish that an
 28 ambulatory aid was “medically required” within the meaning of Social Security Ruling 96-9p. *See*
 ECF No. 15 at 16-17; *Policy Interpretation Ruling*, SSR 96-9p (“To find that a hand-held assistive

Finally, the ALJ found that Dr. Jawad's assessment was inconsistent with the opinion of a non-examining consultative physician who reviewed the medical evidence at the reconsideration stage. *See* AR 33-34, 129-56. On June 9, 2021, Dr. H. Jone, M.D., concluded in relevant part that plaintiff was limited to medium work; could stand or walk for six hours, and sit for six hours; was limited in the lower right extremity with respect to pushing and pulling, in particular operating foot controls; could balance, kneel, crouch, and crawl occasionally; could never climb ladders, ropes, or scaffolds; was limited to frequently fingering with his left hand; should avoid concentrated exposure to extreme cold, machinery, and heights; and should avoid even moderate exposure to fumes, odors, gases, and poor ventilation. AR 144-48. The ALJ determined that Dr. Jone's opinion was partially persuasive because it properly noted inconsistencies with plaintiff's use of an assistive device and was adequately supported by the record. Citing evidence of plaintiff's recent hernia issues, the ALJ concluded that a reduction to light work was appropriate. *See* AR 34.

Dr. Jone's reconsideration report specifically references a treatment note from July 2020 that states a diagnosis of lumbar spondylosis "*without myelopathy or radiculopathy*."⁷ *See* AR 139 (emphasis added); AR 4497. As Dr. Jone's opinion provides further support for the determinations that plaintiff did not have radiculopathy and did not require an assistive device, the ALJ reasonably relied on the reconsideration report as a reason to reject Dr. Jawad's limitations.

Based on the above, the court concludes that the ALJ reasonably interpreted the record, and that substantial evidence supports the ALJ's findings. The court further concludes that the ALJ sufficiently analyzed the supportability and consistency factors relative to Dr. Jawad's

device is medically required, there must be medical documentation establishing the need for a hand-held assistive device to aid in walking or standing, and describing the circumstances for which it is needed (i.e., whether all the time, periodically, or only in certain situations; distance and terrain; and any other relevant information)).

⁷ Lumbar spondylosis means "abnormal wearing on the bones and cartilage in the spine." *Lumbar MRI Scan*, MedlinePlus, <https://medlineplus.gov/ency/article/007352.htm> (last visited on March 7, 2024).

Myelopathy describes "any neurologic deficit related to the spinal cord." *Myelopathy*, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8128582/> (last visited on March 7, 2024).

1 opinion.

2 **C. Dr. Jakubowski's Opinion**

3 The court next considers the opinion of Dr. Jakubowski, who performed a comprehensive
4 mental status evaluation of plaintiff on May 25, 2021. AR 4069-73. Dr. Jakubowski observed that
5 plaintiff had a friendly manner, was cooperative, and had good eye contact. Plaintiff complained
6 that he experienced increasingly severe symptoms of depression, as well as PTSD and anxiety. He
7 reported that he was often triggered by thoughts of a recent murder that he had witnessed, and that
8 he worried about things outside of his control. He previously attended counseling and was
9 prescribed Zoloft, Buspar, and Prazosin. AR 4069-70. He also reported that he had an abusive
10 upbringing and had abused drugs. AR 4070. Plaintiff denied having limitations affecting daily
11 self-care activities; he reported that he had no significant difficulties with shopping or independent
12 living, and that he was able to independently prepare meals, perform light household chores, and
13 manage his finances. AR 4071.

14 Dr. Jakubowski noted the following abnormalities: plaintiff's mood was depressed with a
15 congruent affect, and he reported auditory hallucinations. AR 4072. All other exam results were
16 normal: he was alert and fully oriented; his intelligence, ability to think abstractly, and ability to
17 perform simple calculations were "intact"; his attention, concentration, fund of knowledge, and
18 memory were "adequate"; his thought process was linear and logical; and his judgment and
19 insight were "intact." AR 4071-72. Dr. Jakubowski stated the following diagnostic impression:
20 PTSD, unspecified anxiety disorder, and unspecified depressive disorder. AR 4072.

21 For plaintiff's functional assessment, Dr. Jakubowski opined in relevant part that he was
22 markedly limited in the following areas: the ability to maintain regular attendance in the workplace
23 due to symptoms associated with PTSD and depression; the ability to complete a normal workday
24 or workweek without interruptions resulting from his mental health issues; and the ability to deal
25 with usual work environment stresses. AR 4072-73. Dr. Jakubowski further opined that plaintiff
26 was moderately to markedly limited in the ability to perform work activities on a consistent basis
27 and was moderately limited in the ability to perform work activities without additional
28 supervision, because of symptoms that impacted attention, concentration, and memory. AR 4072.

1 Regarding social interactions, Dr. Jakubowski determined that plaintiff was moderately limited in
2 the ability to accept instructions from supervisors and in the ability to interact with coworkers and
3 the public, based on plaintiff's tolerance for stress and on psychiatric symptoms that impacted
4 socially acceptable engagement. AR 4073.

5 The ALJ rejected Dr. Jakubowski's opinion as not persuasive, finding that it was not
6 supported by the examination findings and was inconsistent with plaintiff's mental health records.
7 See AR 25. Specifically, the ALJ determined that Dr. Jakubowski's moderate and marked
8 limitations conflicted with the underlying clinical data, in particular the findings that plaintiff had
9 adequate concentration, attention, memory, and fund of knowledge. See AR 25. As discussed
10 above, Dr. Jakubowski found that plaintiff had a depressed mood and reported hallucinations but
11 observed no deficiencies in cognitive functioning. In light of the limited abnormalities in the
12 clinical findings, the ALJ reasonably determined that the Dr. Jakubowski's assessment was not
13 sufficiently supported by the underlying clinical data.

14 The ALJ also discounted Dr. Jakubowski's limitations as inconsistent with other treatment
15 records and the opinion of a non-examining consultative physician. AR 25. The ALJ
16 acknowledged that plaintiff was diagnosed with generalized anxiety disorder and major
17 depressive disorder, and was prescribed psychotropic medications. See AR 24, 25, 4513-16
18 (March 2022 progress note reflecting normal behavior, mood, and affect; diagnoses of anxiety
19 and depressive disorders; and prescriptions for Buspar and Lamictal). The ALJ also considered a
20 July 2020 mental status exam that contained mixed clinical findings: plaintiff's mood was anxious
21 and depressed, and his perception was abnormal; on the other hand, his mental functioning was
22 normal in other respects, including insight, judgment, and thought processes, and he denied
23 hallucinations. See AR 24, 3438-50. Reviewing treatment records from 2017 to 2022, however,
24 the ALJ observed mostly normal findings. See AR 25-26, 4077-4106 (group counseling notes
25 describing plaintiff as calm, friendly, and communicative); AR 3236 (August 2018 medical
26 record reflecting emergency treatment for abdominal pain and behavior disorder, with normal
27 psychiatric findings at the time of discharge); AR 3351-52 (September 2018 progress note
28 indicating normal mood with full affect, and that insight and judgment were intact and

1 appropriate); AR 3300 (May 2019 progress note reflecting that plaintiff reported no psychiatric
2 symptoms in response to a depression survey); AR 3298 (September 2019 progress note reflecting
3 that plaintiff denied symptoms of depression and anxiety); AR 3437 (September 2020 medical
4 note stating that plaintiff failed to appear for a mental health treatment appointment); AR 4044
5 (March 2021 treatment note reflecting that plaintiff was cooperative, and had an appropriate mood
6 and affect); and AR 4147 (emergency department discharge summary from July 2021 noting
7 normal behavior, mood, and affect).

8 As part of the consistency evaluation, the ALJ pointed out that in June 2021, non-
9 examining medical expert Renee McPherson Salandy, Ph.D., reviewed the evidence at the
10 reconsideration stage and opined the following: plaintiff was able to follow one- or two-step
11 commands but was moderately limited in carrying out detailed instructions; he could maintain
12 sufficient attention and concentration to complete an eight-hour workday but was moderately
13 limited in completing a normal workday and workweek without interruptions from his psychiatric
14 symptoms; and he had moderate limitations concerning social interactions, and may function best
15 with a supportive management style and minimal interactions with co-workers and the public.
16 *See* AR 129, 140-52. In assigning these limitations, Dr. Salandy considered plaintiff's reported
17 daily activities in his function report, noting that he experienced "social difficulties" but otherwise
18 had the mental ability to manage basic activities of daily living. AR 142, 449-56. Dr. Salandy
19 also found that some of plaintiff's allegations were "disproportionate" to the evidence. *Id.* The
20 ALJ determined that Dr. Salandy's opinion was "not entirely persuasive" because it was "only
21 somewhat supported" by the evidence. AR 25-26. Although the ALJ concurred with Dr.
22 Salandy's opinion that the evidence was not sufficient to show any marked impairments in mental
23 functioning, the ALJ rejected the moderate limitations, citing the "mostly benign" psychiatric
24 findings in the record and plaintiff's low level of care. AR 26.

25 On this record, the court finds that the ALJ's reasoning for not adopting Dr. Jakubowski's
26 moderate and marked limitations is based on an accurate interpretation of plaintiff's medical
27 history. Accordingly, substantial evidence supports the ALJ's findings that plaintiff's mental
28 status examinations yielded mostly normal results and that his overall mental health care

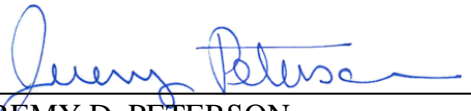
1 primarily consisted of medication management. Indeed, after plaintiff stopped attending group
2 counseling in March 2018, there are no records of any further psychiatric care that involved
3 consistent, significant treatment with a mental health professional. For these reasons, the ALJ
4 sufficiently considered the supportability and consistency factors when rejecting Dr.
5 Jakubowski's assessment.

6 Accordingly, it is hereby ORDERED that:

- 7 1. Plaintiff's motion for summary judgment, ECF No. 15, is denied.
8 2. The Commissioner's cross-motion for summary judgment, ECF No. 19, is granted.
9 3. The decision of the Commissioner of Social Security is affirmed.
10 4. The Clerk of Court is directed to enter judgment in the Commissioner's favor and
11 against plaintiff.

12
13 IT IS SO ORDERED.

14 Dated: March 13, 2024

15 
16 JEREMY D. PETERSON
17 UNITED STATES MAGISTRATE JUDGE
18
19
20
21
22
23
24
25
26
27
28